

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**New York Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara A. Bobbin-Wilkinson**

Mailing Address 210 Kelly Avenue

City

Tuckerton

State

NJ

Zip Code

08087-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : PR7069812409**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Joel I. Steele**

Mailing Address 22 Belmont Circle

City

Columbus

State

NJ

Zip Code

08022-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : PR7070012409**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Lee A. Kitzenberg**

Mailing Address 96 Woodland Circle

City

Edina

State

MN

Zip Code

55424-1453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New York Life Insurance Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 30 / 2015

**Transaction ID : PR7126012409**

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00